

10/585054

AP20 Rec'd PCT/PTO 30 JUN 2006

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: DIUREA DERIVATIVES

Attorney Docket Number:: 1003301-000277

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Aina

Middle Name:: Lisbeth

Family Name:: ABRAMO

Name Suffix::

City of Residence:: Bjarred

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Jaravallsvagen 30

City of Mailing Address:: Bjarred

State or Province of Mailing
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing 237 33

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Lars Olof

Middle Name:: Goran

Family Name:: PETTERSSON

Name Suffix::

City of Residence:: Lund

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Mollebacken 8

City of Mailing Address:: Lund

State or Province of Mailing
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing
Address:: 226 50

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Kerstin

Middle Name:: Ingalill

Family Name:: ANDERSSON

Name Suffix::

City of Residence:: Malmö

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Kungsörnsgratan 24

City of Mailing Address:: Malmö

State or Province of Mailing Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing Address:: 215 61

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Asa

Middle Name:: Anette

Family Name:: SUNDSTEDT

Name Suffix::

City of Residence:: Malmö

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Södra Promenaden 39 B

City of Mailing Address:: Malmö

State or Province of Mailing
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing
Address:: 211 38

Correspondence Information

Correspondence Customer Number:: **21839**

Phone Number:: 703.836.6620

Fax Number: 703.836.2021

Representative Information

Representative Customer Number:: **21839**

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/SE2005/000054	01/19/2005
U.S. Provisional		60/451,231	02/04/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0400213-5	02/04/04	Yes

Assignee Information

Assignee Name:: ACTIVE BIOTECH AB

Street of Mailing Address:: Scheelevagen 22
Box 724

City of Mailing Address:: Lund

State or Province of Mailing
Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing
Address:: 220 07